Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2725AGC	A. BUILDING _____ B. WING _____	10/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGAPE LOVE FACILITY	1211 NORTH H STREET LAS VEGAS, NV 89106

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Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 10/21/08. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility was licensed for 4 total beds. The facility had the following category of classified beds: Category 1- 4 beds The facility had the following endorsements: Residential facility which provides care to elderly and/or disabled persons, and /or persons with mental illness. The census at the time of the survey was 2. Two resident files were reviewed and 1 employee files was reviewed. There were no complaint(s) investigated during the survey. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	Y 000		
Y 051 SS=D	449.194(2) Administrator's Responsibilities-Designation	Y 051		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 051	Continued From page 1 NAC 449.194 The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. This Regulation is not met as evidenced by: Based on observation and interview, the administrator failed to designate one or more employees to be in charge of the facility during those times when the administrator was absent. Findings include: On arrival to the facility, Employee #2 was unable to provide the employee files for 3 of the employees. During facility tour, there was no documented evidence seen as to who was in charge of the facility when the administrator was absent. Employee #2 was unable to open the lower locked drawer in the file cabinet.	Y 051		

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Y 051	Continued From page 2 On 10/21/08 at 8:30am, Employee #1 (Administrator) revealed per phone conversation she was in court and would bring any information needed to the Bureau of Licensure and Certification office the next day. Employee #1 provided the requested documentation on 10-24-08. Employee #1 revealed the employee records were not available due to a past incident of identity theft. Employee #1 stated a coordinator at Southern Nevada Adult Mental Health Services told Employee #1 to keep the files locked. Severity: 2 Scope: 1	Y 051		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that 3 of 4 employees had met the background check requirements for criminal history. Findings include: Employee #1 was hired on 11-22-98. The personnel file did not contain a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.188.	Y 105		

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Y 105	Continued From page 3 Employee #2 was hired on 7-27-07. The personnel file did not contain a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.188. Employee #3 was hired on 10-01-02. The personnel file did not contain a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.188. There was no evidence in the employee file regarding an updated background check report. Severity: 2 Scope: 3 This is a repeat deficiency from survey of 8-01-07.	Y 105		
Y 108 SS=F	449.200(3) Per File - Storage & Availability NAC 449. 200 3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of the facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the bureau within 72 hours after the bureau	Y 108		

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Y 108	Continued From page 4 requests to review the files. This Regulation is not met as evidenced by: Based on record review and staff interview, the administrator failed to ensure employee files would be accessed for immediate review. Findings include: On arrival to the facility, Employee #2 was unable to provide the employee files for 3 of the employees (Employee #1, Employee #3 and Employee #4). Employee #2 was unable to open the lower locked drawer in the file cabinet. On 10/21/08 at 8:30am, Employee #1 (Administrator) revealed per phone conversation she was in court and would have to bring any information needed to the Bureau of Licensure and Certification office the next day. Employee #1 provided the requested information from the survey. Employee #1 revealed the employee records were not available due to a past incident of identity theft. Employee #1 stated a coordinator at Southern Nevada Adult Mental Health Services told Employee #1 to keep the files locked. Employee files for Employee #1 (Administrator), Employee #3 and Employee #4 were not available for immediate review upon request during the survey. The Administrator stated the employee files were kept locked in the bottom drawer of the file cabinet when she was not in the	Y 108		

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Y 108	Continued From page 5 facility. Proof that employees had completed cardiopulmonary resuscitation and first aid training and proof of tuberculosis testing was not available for immediate review. Severity: 2 Scope: 3	Y 108		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to maintain the facility free from hazards. Findings include: Upon entering the dining room of the facility at 8:15AM, 2 floor tiles were noticed to be missing (approximately 1 square foot each) on the dining room floor. One tile was missing as at the entrance to the dining room and the other tile was missing near the side door of the dining room. Both areas on the floor were rough in appearance. The uncovered wooden walkway located outside the house leading to the laundry room was not properly supported and sagged when walking on it. The door to the laundry room was off the hinges and had to be moved to gain access to the laundry room. There was approximately a 6 inch hole in the laundry room floor to the right of the doorway.	Y 175		

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Y 175	Continued From page 6 The Residents have free access to this wooden walkway. During initial facility tour, it was observed the closet doors in bedroom #1 and bedroom #2 were off the track. One of the doors on the hall closet had been removed. Employee #2 stated the administrator was to have someone come to the facility today to give an estimate for repair to dining room, walkway and laundry room door. Employee #2 indicated residents do not walk on the walkway at this time. Employee #2 revealed the residents occupying bedroom #1 and bedroom #2 would break the closet doors when they would get upset. This had been a recurrent problem. Employee #2 indicated the door to the hall closet was being repaired. There was no date indicated as to when it would be replaced. The Administrator revealed she planned to have an estimate done for cost of repairs to the walkway, the laundry room door and the tiles on the dining room floor. The administrator revealed she would have the estimate done within the next 10 days. Severity: 2 Scope: 3	Y 175		
Y 453 SS=C	449.231(2)(c) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility.	Y 453		

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Y 453	Continued From page 7 The first-aid kit must include, without limitation: (c) Adhesive bandages, rolls of gauze and adhesive tape. This Regulation is not met as evidenced by: Based on observation, the facility failed to provide a complete first aid kit. Findings include: There were no rolls of gauze within the first aid kit. Severity: 1 Scope: 3	Y 453		
Y 455 SS=C	449.231(2)(e) First Aid Kit - CPR Mask NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on observation, the facility failed to provide a complete first aid kit. Findings include: There was no evidence of a shield or mask for CPR in the first aid kit. Severity: 1 Scope: 3	Y 455		

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Y 456	Continued From page 8	Y 456		
Y 456 SS=C	449.231(2)(f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (f) A thermometer or other device that may be used to determine the bodily temperature of a person. This Regulation is not met as evidenced by: Based on observation, the facility failed to provide a complete first aid kit. Findings include: There was no evidence of a thermometer found in the first aid kit. Employee #2 was unable to produce a thermometer. Severity: 1 Scope: 3	Y 456		
Y 870 SS=F	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary	Y 870		

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Y 870	Continued From page 9 supplements taken by a resident. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 2 of 2 residents residing in the facility for longer than six months (Resident #1 and #2). Findings include: Resident #1 was admitted to the facility on 6-26-01. The last medication profile review available in the record was dated 12-6-07. Resident #2 was admitted to the facility on 10-13-06. The last medication profile review available in the record was dated 12-4-07. Severity: 2 Scope: 3	Y 870		
Y 883 SS=D	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by:	Y 883		

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Y 883	Continued From page 10 Based on interview and record review, the facility failed to ensure the physician was notified when 1 of 2 residents refused to take the ordered medication (Resident #2). Findings include: Resident #2 was admitted on 10-13-06. Albuterol 90 micrograms (mcg), 2 puffs was to be given 4 times daily. There were no caregiver initials placed on the medication administration record (MAR) by Albuterol for the past 5 months (June 2008 through October 2008). There was no copy of a prescription in the resident record. There was no notation the resident refused to take the medication. Employee #2 indicated Resident #2 refused to use the Albuterol inhaler. Employee #2 revealed she did not know the physician needed to be notified and the refusal needed to be documented on the MAR. Severity: 2 Scope: 1	Y 883		
Y 897 SS=B	449.2744(1)(b)(3) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (3) The date and time that a resident refuses, or otherwise misses, an administration of medication.	Y 897		

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Y 897	Continued From page 11 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to document resident refusal of a medication for 1 of 2 residents (Resident #2). Findings include: Resident #2 was admitted on 10-13-06. Albuterol 90 micrograms (mcg), 2 puffs was to be given 4 times daily . There are no caregiver initials placed on the medication administration record (MAR) by Albuterol for the past 5 months (June 2008 through October 2008). Employee #2 was hired on 7-27-07. Employee #2 indicated Resident #2 refuses to use the Albuterol inhaler. Employee #2 revealed she did not know the physician needed to be notified and the refusal needed to be documented on the MAR. Severity: 2 Scope: 1	Y 897		
Y 898 SS=F	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 898		

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Y 898	Continued From page 12 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure medication administered reflects the current order of the residents physician in 2 of 2 residents (Resident #1 and #2). Findings include: 1. Resident #1 was admitted to the facility on 6-26-01. The pharmacy label on the Fiber-Lax bottle indicated 2 tablets were to be given at breakfast and dinner. The Medication Administration Record (MAR) was written to give Fiber Lax 1 tablet at 8am and 8pm. The MARs reviewed (June 2008 through October 2008) all were written to provide 1 tablet at 8am and 8pm. There was no documented evidence of the original physician order. Employee #2 was not aware the Fiber Lax was not being given as ordered by the physician. Resident #1 was ordered Seroquel 300 milligrams (mg), take 2 at bedtime. Seroquel was not indicated on the October MAR. The bottle of Seroquel was filled on 9/23/08. Employee #2 counted the remaining pills. There were 18 pills left in the bottle. Employee #2 revealed Resident #1 had been receiving the Seroquel and was not sure why the Seroquel was not written on the MAR. 2. Resident #2 was admitted to the facility on 10-13-06. The pharmacy label on the DDAVP indicated 0.2 mg tablets, take 2 tablets at bedtime. The MAR for June 2008, July 2008,	Y 898		

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Y 898	Continued From page 13 August 2008, September 2008 and October 2008 indicated the dosage was 2mg. Employee #2 was shown the medication bottle and the MAR. Employee #2 was not aware there was a discrepancy between the written dose and ordered dose of the DDAVP. This was a transcription error. Severity: 2 Scope: 3	Y 898		
Y 899 SS=C	449.2744(2) Medication Administration NAC 449.2744 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure evidence of caregiver signatures on the Medication Administration Record (MAR) to document resident medication assistance for 2 of 2 residents (Resident #1 and #2). Findings include:	Y 899		

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Y 899	Continued From page 14 Resident #1 was admitted to the facility on 6-26-01. There was no documented evidence of a signature of the employee who administered the medication on the MAR for the months of June 2008, July 2008, August 2008, September 2008 and October 2008. Resident #2 was admitted to the facility on 10-13-06. There was no documented evidence of a signature of the employee who administered the medication on the MAR for the months of June 2008, July 2008, August 2008, September 2008 and October 2008. Severity: 1 Scope: 3	Y 899		
Y 938 SS=D	449.2749(1)(g)(1) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident.	Y 938		

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Y 938	Continued From page 15 This Regulation is not met as evidenced by: Based on record review, the facility failed to perform an evaluation on 1 of 2 residents for their abilities to perform the activities of daily living (ADL) upon admission to the facility (Resident #2). Findings include: Resident #2 was admitted to the facility on 10-13-06. The resident's file did not contain an ADL assessment upon admission to the facility. Severity: 2 Scope: 1	Y 938		
Y 940 SS=F	449.2749(1)(g)(3) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year.	Y 940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2725AGC	A. BUILDING _____ B. WING _____	10/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGAPE LOVE FACILITY	1211 NORTH H STREET LAS VEGAS, NV 89106

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Y 940	Continued From page 16 This Regulation is not met as evidenced by: Based on record review, the facility failed to perform an annual evaluation of a resident's ability to perform the activities of daily living on 2 of 2 residents residing in the facility longer than a year. Findings include: Resident #1 was admitted to the facility on 6-26-01. The resident's file did not contain an annual evaluation of the resident's ability to perform the activities of daily living for 2008. Resident #2 was admitted to the facility on 10-13-06. The resident's file did not contain an annual evaluation of the resident's ability to perform the activities of daily living for 2008. Severity: 2 Scope: 3	Y 940		
Y 941 SS=A	449.2749(1)(h) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (h) A list of the rules for the facility that is signed	Y 941		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2725AGC	A. BUILDING _____ B. WING _____	10/21/2008

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Y 941	Continued From page 17 by the administrator of the facility and the resident or a representative of the resident. This Regulation is not met as evidenced by: Based on record review, the facility failed to have the rules of the facility signed by the administrator of the facility and/or the resident for 1 of 2 records reviewed (Resident #2). Record Review Resident #2 was admitted to the facility on 10-13-06. Review of the medical records on Resident #2 failed to provide evidence the rules of the facility were signed by the administrator of the facility and the resident. Severity: 1 Scope: 1	Y 941		